

APR 22 2013

AO 440 (Rev. 12/09) Summons in a Civil Action (Page 2)

4:13cv204

Civil Action No.

David J. Bradley, Clerk of Court

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for (name of individual and title, if any) Education Commission for Foreign Medical
 was received by me on (date) 4/16/13 Graduates

☐ I personally served the summons on the individual at (place) _____
 on (date) _____; or

☐ I left the summons at the individual's residence or usual place of abode with (name) _____
 _____, a person of suitable age and discretion who resides there,
 on (date) _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) _____, who is
 designated by law to accept service of process on behalf of (name of organization) _____
 on (date) _____; or

☐ I returned the summons unexecuted because _____; or

☒ Other (specify): USPS Certified Mail # 7011 1570 0002 7849 8383.

My fees are \$ 0 for travel and \$ 6.77 for services, for a total of \$ 6.77.

I declare under penalty of perjury that this information is true.

Date: 4/18/13



Server's signature

Cheri Latzanche

Printed name and title

12806 Southspring, Houston, TX 77047

Server's address

Additional information regarding attempted service, etc:

UNITED STATES DISTRICT COURT

for the

Southern District of Texas

Cheri LaBlanche

Plaintiff

v.

Education Commission for Foreign
Medical Graduates (ECFMG)

Defendant

Civil Action No. 4:13-CV-00204

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address)

Education Commission for Foreign Medical Graduates (ECFMG)
3624 Market St.
Philadelphia, PA 19104-2685

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

DAVID J. BRADLEY

CLERK OF COURT

Date: APR 16 2013

Jan Dawson
Signature of Clerk or Deputy Clerk

HOUSTON, Texas

772019998

4841490010-0092

04/16/2013 (800)275-8777 05:09:49 PM

Sales Receipt

Product Description	Sale Unit Qty Price	Final Price
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PHILADELPHIA PA		\$1.12
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19104 Zone-6

First-Class Large

Env

2.00 oz.

Expected Delivery: Sat 04/20/13

Return Rcpt (Green Card) \$2.55

@@ Certified \$3.10

Label #: 70111570000278498383

=====

Issue PVI: \$6.77

WASHINGTON DC 20005		\$1.12
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Zone-6 First-Class

Large Env

1.90 oz.

Expected Delivery: Sat 04/20/13

Return Rcpt (Green Card) \$2.55

@@ Certified \$3.10

Label #: 70111570000278498390

=====

Issue PVI: \$6.77

PHILADELPHIA PA		\$1.32
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19104 Zone-6

First-Class Large

Env

2.10 oz.

Expected Delivery: Sat 04/20/13

Return Rcpt (Green Card) \$2.55

@@ Certified \$3.10

Label #: 70111570000278498413

=====

Issue PVI: \$6.97

Total:		\$20.51
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Paid by:

VISA \$20.51

Account #: XXXXXXXXXXXX4015

Approval #: 214465

Transaction #: 763

23903140002

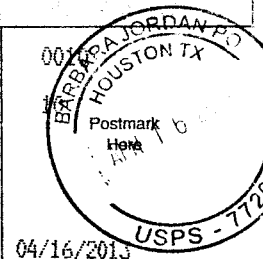
@@ For tracking or inquiries go to
USPS.com or call 1-800-222-1811.

CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

PHILADELPHIA PA 19104

Postage	\$ 1.32
Certified Fee	\$3.10
Return Receipt Fee (Endorsement Required)	\$2.55
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 46.97



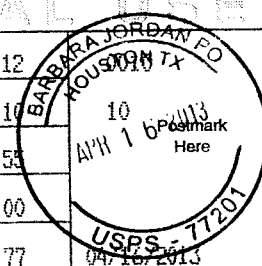
Sent To: Nathan N. ME
 Street, Apt. No., or PO Box No. 3750 Market St.
 City, State, ZIP+4 Philadelphia PA 19104-3109
 PS Form 3800, August 2006 See Reverse for Instructions

U.S. Postal Service™ **CERTIFIED MAIL™ RECEIPT** (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

PHILADELPHIA PA 19104

Postage	\$ 1.12
Certified Fee	\$3.10
Return Receipt Fee (Endorsement Required)	\$2.55
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 6.77



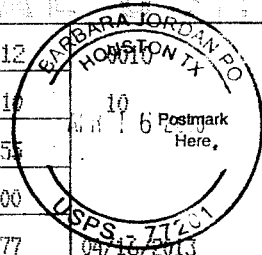
Sent To: Education Commissioner (ECFMC)
 Street, Apt. No., or PO Box No. 3624 Market St.
 City, State, ZIP+4 Philadelphia, PA 19104-2685
 PS Form 3800, August 2006 See Reverse for Instructions

U.S. Postal Service™ **CERTIFIED MAIL™ RECEIPT** (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

WASHINGTON DC 20005

Postage	\$ 1.12
Certified Fee	\$3.10
Return Receipt Fee (Endorsement Required)	\$2.55
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 6.77



Sent To: FSMA
 Street, Apt. No., or PO Box No. 1110 Vermont Ave. NW Ste 10
 City, State, ZIP+4 Washington DC 20005
 PS Form 3800, August 2006 See Reverse for Instructions

7011 1570 0002 7849 8413

7011 1570 0002 7849 8383

7011 1570 0002 7849 8390